

# **Best Practices Advisory Committee**

Minutes from November 7, 2006

**Voting members present:** Carlos Andarsio, Christy Dye, Aimee Schwartz, Penny Free Burke, Bob Bohanske, Trish Bleth, Tom Kelly, Alexandra O'Hannon, Teresa Bertsch, Judy Russell, Jill Fabian, Valley Owen, Sue Davis, Tim Dunst, Joan Grey

**Non-voting members present:** Judith Pickens, Michael Shafer, Meena Shahi, Bob Crouse, Dan Wynkoop, Leticia D'Amore, Jytte Methmann, Ali Dela Trinidad, Stacia Ortega, Sylvia Vega

**Absent:** Vicki Staples, Norma Garcia-Torres, Ed Zborower, Laura Nelson

## **Welcome and Introductions: Christy Dye**

### **Review of Minutes**

- ❖ Review of Meeting Minutes from the October 17th, 2006 meeting. Minutes were approved by voting members.

### **Firm up process for Strategic Planning Day**

- ❖ Date and venue for the meeting are finalized. BAPC will meet from 9-4 on Friday, December 15<sup>th</sup> at the Arizona State University Downtown complex. Room # will be finalized and sent to members ASAP.
- ❖ A major question for the group to address was "will the committee seek input from the public prior to the Strategic Planning day? And if so, how will it be gathered." The group considered the following:
  - Group size. If the group is too large it becomes a challenge.
  - Should we canvas the community first? If so how would we do this?
  - Should the committee make recommendations and then send those to the public to select a certain number of the recommendations
  - Dr. Andarsio stated that he believes it would be preferable to get input from the community first and have the committee use that input to help with decision making
  - Consensus was that it is very important to have community involvement in this process, prior to the meeting day.
  - It was suggested that we could get input from the Children's Council, MIKID, and NAMI, but this would be impossible considering short time before our December meeting.
  - It would be helpful to have a standard survey tool for this process. We could look at the templates Dr. Nelson created.
  - Joan raised the point that, for family groups, sending a list out of prospective best practices would not be helpful. They would need some context added to make it meaningful.
  - Mike asked the group "what is the end goal of the committee?" and suggested that the key function is for us to figure out "How do we make our system more responsive to Evidence?" With regards to the terms; Practice based evidence and evidence based

practice, Mike believes that we need a conversation to decide how we integrate these two ideas, which is more important than just adopting a particular practice. The ultimate goal should be for Arizona to do good clinical practice that achieves good outcomes.

- Six primary steps to improving clinical care were identified; (a) good therapeutic engagement (b) basic clinical competence (c) responding to evidence/data (d) use of specific evidence based techniques (e) addressing bureaucratic and other barriers to all of the above (f) utilizing /recognizing existing strengths
- Tim suggested that, perhaps we are not ready for public input at this time
- Bob B. stated that we should strive to achieve priorities/initiatives that put Arizona at the forefront of Public Behavioral health. In addition, he cautioned the group to avoid attempting to send out a list of best practices for the public to choose from.
- The thought was expressed that we be very general in our solicitation of input from the public “if you have any initiatives, let us know”.

After all the conversation on the topic, the consensus was to let the public know in a paragraph or two, what the BPAC is and what it is trying to accomplish, then ask if they have any input/recommendations the group should consider during the planning process. ADHS agreed to create such a letter and get it out to the group by the middle of next week. The members will then send it out to the public.

#### **Presentation about Evidence Practices: Judith Pickens, Bob Bohanske, and Mike Shafer**

- ❖ Judy presented the power point reviewing the definitions and conceptual clarifications surrounding evidence practices. She started with a definition of “evidence-based practice” and discussing the three types of evidence; gold standard, second tier, and third tier. Judy then reviewed the rating system for the levels of evidence from level I – “Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials or evidence-based clinical practice guidelines based on systematic reviews of RCTs” thru level 7-“Evidence from opinion of authorities and/or reports of expert committees”. Judy went on to describe the relationship between “EBP” and “Best Practice” and reviewed a proposed model for “best practice”. Finally, Judy defined “Practice-Based Evidence” and reviewed some currently recognized EBP in mental health.

#### **At this time, the group jumped to the last item on today’s agenda, Introduction to Practice Based Evidence: Bob Bohanske**

- ❖ Bob explained that with PBE, outcomes are a “moving target” that need to be looked at session to session. Practice is based on evidence, not vise versa as in EBP.
- ❖ Bob also pointed out that even EBPs that have achieved the Gold Standard do not work for all individuals at all times and that if we look at evidence, we have to look at all of it and not cherry pick.
- ❖ Regarding outcomes, data shows us that therapeutic alliance is the most important indicator (45%) of positive outcomes. 40% is related to consumer strengths, 15% to the consumer and family hope for success and the least important (although still important) indicator of success is related to the specific model being utilized.
- ❖ When consumers become the object rather than the subject, we have Practice Based Evidence

### **Presentation on consumer/family perspective on EBP: Tom Kelly**

- ❖ Tom presented a power point entitled “consumer perspective and evidence-based practice”. Tom stressed that, in order to work effectively, all EBP must rely on informed and engaged individuals at all levels of service provision. Some practices require that consumers, providers and family members receive special training. Tom described the relationship between education, recovery, and EBP’s and then examined, in more detail, how the “medical model” may conflict with the recovery philosophy. There are three different opinions within the “advocacy” movement. One is more supportive of EBP, another group stresses the importance of having control of their treatment, and a middle group desiring a little of both worlds. Tom raised some important points to consider, including the fact the more “consumers” can and should be invited to participate in groups that are responsible for conducting, overseeing, and implementing EBP activities. Also, in order to more effectively bring consumer voice to the table regarding EBP’s, better efforts must be made in two areas. First, we must recruit people in recovery into the graduate and professional schools or agencies that provide training and technical assistance. Second, we must educate those stakeholder groups about some of the EBP language and jargon. In conclusion, Tom reminded the group that it is important to remember to include people in recovery and their family members in all discussions and planning stages of the process.

### **Presentation about EBP’s for youth with substance abuse issues with input on selection of same from the committee: Leticia D’Amore**

- ❖ Leticia handed out packets which included a two page SAC summary of some of the findings from statewide focus groups. Also included were copies of information sheets pertaining to a number of Best Practices, providing brief descriptions of each practice and contact information to further research the practice. Leticia also outlined some recommendations on BP selection/implementation that SAC derived from the focus groups held around the state. Those were as follows;
  - 1) EBP’s should include a family/parent component
  - 2) Rural areas - focus on reducing crisis services
  - 3) Think of BPs as a continuum and develop models that address prevention to recovery
  - 4) BPs should include cultural strengths and natural supports
  - 5) For multi-system families or families with intergenerational AOD issues, BPs should include coordination across systems
  - 6) Consider which BPs should be targeted by gender.
- ❖ Christy mentioned that having the CFT process in place addresses many of these issues- interagency collaboration, strengths and culture, holistic treatment, etc.
- ❖ The question was raised if there are other things we need to be providing, for example- acronym definitions. The possibility of creating a directory of some type, addressing these issues, was discussed—perhaps on the ADHS web site.
- ❖ The group was made aware that there is some urgency behind the substance abuse decisions because the money needs to be spent by July 31<sup>st</sup> of 2007.
- ❖ DBHS is looking for specific guidance from the BPAC on how to best utilize the information gathered from the SAC focus groups.

- ❖ Aimee asked how this will be dealt with on the strategic planning day and suggested that, perhaps after the planning day, EBPC should pick the EBP that reflect our needs/strengths. We would need to consider specific geographic profiles.
- ❖ It was suggested that we could use the focus group information to prioritize the planning day agenda but Judith stated that this is counter to the process we decided on earlier.
- ❖ Bob B. brought up some concerns regarding the lists presented by Leticia and reminded the committee that there has never been an EBP proven to be better than any other EBP.
- ❖ Christy ended the discussion on this topic by emphasizing that themes are what should be considered, not the details of the EBP's.

#### **Revisit the Gaps Assessment: Christy Dye**

- ❖ Christy briefly reviewed the changes she had incorporated into the Gaps Assessment, based on the groups input from our meeting on October 17<sup>th</sup>.

#### **Review of Subcommittee Structure: Christy Dye**

- ❖ Christy reminded the committee of the current subcommittees, Assessment and supervision. The Assessment group is already established and meeting. Christy asked for volunteers for the Supervision subcommittee. Aimee Schwartz, Bob Bohanske, Tom Kelly, and Jill Fabian all offered to participate.

#### **Next Meeting**

- ❖ The next meeting will be for the Strategic Planning Day on Wednesday December 15<sup>th</sup>, from 9am-4pm at the Arizona State University Downtown Center. The Center is located at 502 East Monroe Street in Phoenix. Bob C. will provide more information on directions and parking prior to the meeting.

